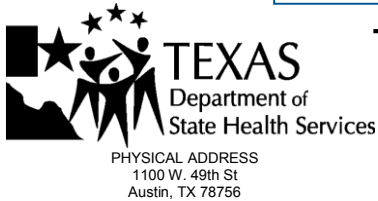


EXAMPLE REPORT INDICATING UNSATISFACTORY RESULTS



Texas Department of State Health Services

LABORATORY SERVICES SECTION
CLIA #45D0660644

MAILING ADDRESS
PO BOX 149347
AUSTIN, TEXAS 78714-9347
1-888-963-7111
www.dshs.state.tx.us

CONFIDENTIAL LABORATORY REPORT

SUBMITTER NAME – SUBMITTER ID #
STREET ADDRESS
CITY, STATE ZIP CODE

NEWBORN SCREENING REPORT -

Patient's Name: SMITH TEXAN
Mother's Name:
Date Of Birth: 09/11/2013
Medical Record:
Birth Weight: 2800 grams
Race/Ethnicity:
Sex: Birth Order:
Feed: BOTTLE
Status: NORMAL

Laboratory Number: 2013 272 9001
Form Serial No: 12-0123456
Date Collected: 09/24/2013
Date Received: 09/26/2013
Date Reported:
Test: 2ND TEST (7 DAYS OR OVER)
Mother's Address: 1100 W 49TH ST
AUSTIN, TX
Mother's Telephone:
Physician's Name:
Physician's Telephone:

Overall Specimen Result

**UNSATISFACTORY
SPECIMEN-RESUBMIT**

**The specimen submitted for this patient was deemed unsatisfactory for the reasons listed below.
An immediate recollection is necessary to further evaluate this infant.**

- 1) Blood did not soak through paper due to incomplete saturation.
- 2) Blood was caked, clotted, or layered onto the filter paper.
- 3) Specimen appears contaminated or discolored.

*The Screening Result Notes provide information on why the specimen was deemed unsatisfactory to test.
Please visit the Healthcare Provider Resources page of the Newborn Screening website for additional information on
unsatisfactory specimens: [NBS Unsatisfactory Specimen Examples](http://www.dshs.state.tx.us/lab/unsatExamples.shtm)
(<http://www.dshs.state.tx.us/lab/unsatExamples.shtm>)*

Message clarifying the scope of newborn screening

-- The newborn screen identifies newborns at increased risk for specified disorders. The reference value for all screened disorders is 'Normal'. Analyte results are only listed for abnormal disorder screening results. The recommended collection time period and the testing methodologies have been designed to minimize the number of false negative and false positive results in newborns and young infants. When the newborn screen specimen is collected before 24 hours of age or on older children, the test may not identify some of these conditions. If there is a clinical concern, diagnostic testing should be initiated. Specimens that are unacceptable are reported as Unsatisfactory.

--The SCID / TREC (T-cell receptor excision circles) test was performed by quantitative real-time polymerase chain reaction analysis to detect the number of TRECs. It was developed and its performance characteristics determined by DSHS. The test has not been approved by the US Food and Drug Administration (FDA). The FDA has determined that such approval is not necessary if performance characteristics are verified at the testing laboratory.

* Disorders Screened: AMINO ACID DISORDERS: ARG, ASA, CIT, CIT II, BIOPT(BS), BIOPT(REG), HCY, H-PHE, MET, MSUD, PKU, TYRI, TYRII, and TYRIII. FATTY ACID DISORDERS: CACT, CPT IA, CPT II, CUD, DE RED, GA2, LCHAD, MCAD, MCAT, M/SCHAD, SCAD, TFP, VLCAD. ORGANIC ACID DISORDERS: 2M3HBA, 2MBG, 3MCC, 3MGA, BKT, GA1, HMG, IBA, MAL, MMA (MUT, Cbl A, B, C, D), MCD, PROP. GALACTOSEMIA. BIOTINIDASE DEFICIENCY. HYPOTHYROIDISM. CAH. HEMOGLOBINOPATHIES: Hb S/S, Hb S/C, Hb S-Beta Th, Var Hb. CYSTIC FIBROSIS. SCID and T-Cell related Lymphopenias. List of disorders screened available at www.dshs.state.tx.us/lab/NBSdisorderList.pdf

Message clarifying SCID testing

For more information, please refer to <http://www.dshs.state.tx.us/lab/newbornscreening.shtm>

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*List of Disorders: Complete listing of
disorders screened in each category
appearing in the result table*